

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014085

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1079 STATE FILE NUMBER

FILED APR 11 1963

PLACE OF DEATH

COUNTY St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b
OR
TOWN

c. FULL NAME OF (if NOT in hospital, give location) Inside Limits
HOSPITAL OR INSTITUTION Bethesda Home 9645 Big Bend ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. COUNTY St. Louis

c. CITY OR TOWN University City Mo. Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm
7145 Lindell Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) MARY BRYAN

4. DATE OF DEATH Month Day Year
March 29 1963

5. SEX Female 6. COLOR OR RACE White 7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/30/1881 9. AGE (last birthday) 81 IF UNDER 1 YEAR IF UNDER 24 H
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY
At Home -

11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Springfield Mo. U. S. A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME
George T. Bryan Fanny Owen

14. NAME OF HUSBAND OR WIFE
Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
John P. McCammon 411 No 7th St. St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 hrs
DUE TO (b) Arteriosclerotic Heart disease chr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 day
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1951 to Mar 29 1963 and last saw her alive on Mar 28 1963
Death occurred at 1025 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ed Dealaugh M.D. 22b. ADDRESS Webster Groves Mo. 22c. DATE SIGNED 3/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 3/30/1963 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Lupton Chapel 7233 Delmar V Blvd. 25. DATE RECD. BY LOCAL REG. 3-29-63 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4000

2 40062

3

4 1

5 0

6

7 0

8 2

9 4200

10

11

12 86-0

13

Dr. O. D. Sealander
105 N. Jacksonwood

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.